

**MEDICAL AND HOSPITAL SERVICES PROVIDED BY
STATE INSTITUTIONS**

0190

(Revised 3/14)

State agencies are responsible for carrying out the policies of this SAM Section.

Extensive medical and hospital services should only be provided to the inmates, wards, patients, members or students for whom the State-operated medical facilities were established. This is because of physical and policy limitations.

Employees. Limited care and treatment of employee injuries and illness is permitted. In this case the medical staff, equipment, materials, and hospital services may be used. The illness or injury must be reported to arise out of and occur during the course of State employment. They also must be within the scope of the State's liability as defined by Workers' Compensation and Safety Laws. The following are considered to be reasonable services:

1. First aid treatment.
2. First medical treatment of a work injury.
3. Diagnosis and prognosis of conditions connected with work.
4. Arrangement for further treatment.
5. Evaluation of the physical ability of an injured employee to return to work.
6. Pre-employment and periodic physical exams for fitness and ability to safely perform arduous and hazardous tasks.
7. Preventive measures such as chest x-rays, lab tests, immunization and other measures that will minimize hazards of exposure to contagious diseases while at work.

Medical treatment of industrial injuries should be limited to the initial visit and any follow-up visit that would be considered first aid. Additional visits should be handled according to the applicable workers compensation guidelines. In the case of an injury that will result in temporary disability or a permanent disability, or will require hospitalization, employees should be directed to an appropriate physician in accordance with applicable workers' compensation guidelines. See SAM Sections 2581.4 through 2581.6 for procedures on reporting employee work injuries.

(Continued)

SAM—GENERAL

(Continued)

MEDICAL AND HOSPITAL SERVICES PROVIDED BY STATE INSTITUTIONS

0190 (Cont. 1)

(Revised 3/14)

Visitors. First aid is the only medical service that should be given to visitors who become ill or are injured while on state property. Medical personnel must be certain that one of the following has occurred before the visitor is discharged:

1. The visitor has been transferred to another physician.
2. A friend or relative has accepted responsibility for further care.
3. The visitor can properly take care of himself or herself if no further medical attention is needed.

When outside physicians or ambulances are called, it should be made clear to the visitor that the visitor, and not the state, is responsible for the costs of all medical care, treatment, and other provided services.

When the visitor alleges injury or was involved in an accident on state property, Accident Report form, STD. 268 must be filled out. See Appendix A-1. SAM Section 2460.1 explains the reporting procedures.

Records. Complete records must be kept of all first aid services rendered at state medical facilities. The records must fully identify:

1. The person treated.
2. The date of the injury or illness.
3. The full diagnosis.
4. The reason the treatment was needed; i.e., a description of the accident, etc.
5. The services rendered, including drugs and supplies used.

SAM—GENERAL

[Print](#)[Clear](#)

STATE OF CALIFORNIA

ACCIDENT REPORT (Other than Motor Vehicle)

STD. 268 (REV. 11/2007) Page 1 of 2

This report shall be completed and forwarded to the Attorney General's Office within 48 hours of the incident. Attach any photos or diagrams. Reports of serious injuries and/or death shall be reported to the Attorney General's Office within 24 hours of the incident.

CONFIDENTIAL

ATTORNEY/CLIENT PRIVILEGED DOCUMENT/WORK PRODUCT

This is a CONFIDENTIAL report requested by, prepared for and retained by the Attorney General's Office. Under no circumstances should this document be provided to anyone except the Attorney General's Office or their agent.

INCIDENT DATE	LOCATION (Describe specific location on reverse)	TIME
---------------	--	------

INJURED PARTY INFORMATION

INJURED PARTY'S NAME (Last, First, M.I.)	BIRTHDATE	DRIVER'S LICENSE NUMBER
INJURED PARTY'S MAILING ADDRESS (Street, City, State, Zip)	HOME TELEPHONE (Area Code + No.)	WORK TELEPHONE (Area Code + No.)
NATURE AND EXTENT OF APPARENT / CLAIMED INJURY (Describe incident in detail on reverse)		

PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM:	FIRST AID GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM:
---	------------------	---	------------------

PROPERTY DAMAGE/LOSS INFORMATION

PROPERTY OWNER'S NAME (Last, First, M.I.)	HOME TELEPHONE (Area Code + No.)	WORK TELEPHONE (Area Code + No.)
PROPERTY OWNER'S MAILING ADDRESS (Street, City, State, Zip)		
NATURE AND EXTENT OF DAMAGE/LOSS (Describe incident in detail on reverse)		

WITNESS INFORMATION

1. NAME (Last, First, M.I.)	WORK ADDRESS (Street, City, State, Zip)	WORK TELEPHONE (Area Code + No.)
DRIVER'S LICENSE NUMBER	HOME (Street, City, State, Zip)	HOME TELEPHONE (Area Code + No.)
2. NAME (Last, First, M.I.)	WORK ADDRESS (Street, City, State, Zip)	WORK TELEPHONE (Area Code + No.)
DRIVER'S LICENSE NUMBER	HOME (Street, City, State, Zip)	HOME TELEPHONE (Area Code + No.)
3. NAME (Last, First, M.I.)	WORK ADDRESS (Street, City, State, Zip)	WORK TELEPHONE (Area Code + No.)
DRIVER'S LICENSE NUMBER	HOME (Street, City, State, Zip)	HOME TELEPHONE (Area Code + No.)
REPORTING AGENCY NAME		
REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)		TELEPHONE NUMBER (Area Code + No.)
REPORTING EMPLOYEE'S SIGNATURE		
REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE (Print or Type)		TELEPHONE NUMBER (Area Code + No.)

DISTRIBUTION: ORIGINAL—ATTORNEY GENERAL'S OFFICE, TORT UNIT, P. O. BOX 944255, SACRAMENTO, CA 94244-2550 WITHIN 48 HOURS.
COPY—RETAINED BY THE LEGAL OFFICE OF THE REPORTING AGENCY/DEPARTMENT.

SAM--GENERAL

STATE OF CALIFORNIA

ACCIDENT REPORT (*Other than Motor Vehicle*)

STD. 268 (REV. 11/2007) Page 2 of 2

USE ADDITIONAL SHEETS AS NECESSARY

DESCRIBE SPECIFIC LOCATION OF INCIDENT:

DESCRIBE THE INCIDENT IN DETAIL: